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Bib Data Sheet

CONFIRMATION NO. 9847

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 09/989,670 | FILING DATE 11/21/2001 RULE | CLASS 709 | GROUP ART UNIT 2152 | ATTORNEY DOCKET NO. 101957.125 | |
| APPLICANTS Emmanuel Parasirakis, West Roxbury, MA; Tareef Shocair Kawaf, Cambridge, MA; | | | | | |
| ** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/309,403 08/01/2001 <i>Yes SC</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>No SC</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/12/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SC</i> | | STATE OR COUNTRY MA | SHEETS DRAWING 5 | TOTAL CLAIMS 24 | INDEPENDENT CLAIMS 5 |
| ADDRESS 23483 | | | | | |
| TITLE Flexible order structure | | | | | |
| FILING FEE RECEIVED 980 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |